

Placer County Systems of Care

## Systems of Care Progress Note

Date of Service: 5/24/2008

Billing Formula: Minutes of Service: 20 + Documentation Time: 5 + Travel Time: \* 25 = Total Billable Minutes: 50

\* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided: Rehabilitation

Location of Service Unspecified Field

Unified Service Plan objective client is working on: Client's symptoms of schizophrenia, as manifested by his isolative behaviors, are impairing his ability to interact with his peers. Client will increase the number of times he initiates conversations with his peers from 0 to 2 times a week as evidenced by self report with case manager during weekly visit, and by report of Board and Care operator.

**Narrative:**

**Client's Current Functioning/Progress:** Client continues to reside at ABC Board and Care home. The B&C operator states that he witnessed client initiate conversation 1 time this week with another client on the smoking porch, and that this interaction lasted about 5 minutes. By report, client attended group 5 out of 5 days this week at the clinic.

**Current Intervention:** Met with client at his B&C home to discuss how his attempts to initiate conversations went this week. Client stated that during his group he attends every day, he and two other clients have started to take breaks together and talk about "stuff". Client stated that it has been a little easier because these friends are pretty talkative. Client and I role played a brief interaction, and discussed any uneasyness that this causes him.

**Client's Response:** Although client remains tentative to initiate conversations, he is becoming more comfortable when other people approach him. Client stated that it was "Ok" to talk with his peers, and that he does enjoy these interactions.

**Follow-up and/or Referrals Made:** Will meet with client next week at B&C home to discuss how he is doing with initiating conversations.

\_\_\_\_\_  
Signature (include licensure or job title)

5/27/2008  
Date Completed

Daffy Duck

Print Name

Client Name: Baldywin, Danny

AVATAR Number: 345 678

Placer County Systems of Care  
**Systems of Care Progress Note**

Date of Service: 10/23/2007

Billing Formula: Minutes of Service: 50 + Documentation Time: 5 + Travel Time:\* 0 = Total Billable Minutes: 55

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**Service Provided:** Individual Psychotherapy

**Location of Service** Office

Unified Service Plan objective client is working on: Reduce symptoms of anger and depression as evidenced by increased hours of sleep from 5 to 7 hours a night; decrease verbal confrontations with co-workers from 3 to once per month.

**Narrative:**

**Client's Current Functioning/Progress:** Client continues to become involved in verbal confrontations with co-workers, which is impairing client's ability to maintain employment.

**Current Intervention:** Saw client for individual session, discussed client's issues related to anger and depression as a result of childhood abuse. Utilized Reality Testing Technique to explore thoughts and feelings to help reduce symptoms of anger and depression.

**Client's Response:** Client stated he would use techniques learned today to help manage symptoms, and might attend an anger management group next week.

**Follow-up and/or Referrals Made:** Will meet with client next week to discuss how client was able to use RTT as client's symptoms came up during the week.

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Signature (include licensure or job title)

Daffy Duck, MFT

\_\_\_\_\_  
Print Name

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5/27/2008  
Date Completed

Client Name: Sam, Yosemite

AVATAR Number: 987 654

Placer County Systems of Care  
**Systems of Care Progress Note**

Date of Service: 10/23/2007

Billing Formula: Minutes of Service: 65 + Documentation Time: 5 + Travel Time:\*        = Total Billable Minutes: 70

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**Service Provided:**      Rehabilitation

**Location of Service**      Client's Job Site

Unified Service Plan objective client is working on: Reduce symptoms of anger and depression as evidenced by increased hours of sleep from 5 to 7 hours per night; decrease verbal confrontations with co-workers from 3 to once per month.

**Narrative:**

**Client's Current Functioning/Progress:** Client continues to become involved in verbal confrontations with co-workers, which is impairing client's ability to maintain employment. Client is often loud and disruptive at his job. Client has begun to attend an anger management group, and is required to practice his skills in the community.

**Current Intervention:** Met with client to practice social skills in a social setting. Role played several social interactions, which included asking for assistance and having a conversation without yelling.

**Client's Response:** Client was given positive feedback for their effort and patience, and was open to trying this activity on their own and reporting back next week how it went.

**Follow-up and/or Referrals Made:** Will meet with client next week to continue to role-model appropriate social interactions.

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Signature (include licensure or job title)

Daffy Duck, MFT

\_\_\_\_\_  
Print Name

5/27/2008  
\_\_\_\_\_  
Date Completed

Client Name: Sam, Yosemite

AVATAR Number: 987 654

Placer County Systems of Care  
**Systems of Care Progress Note**

Date of Service: 10/24/2007

Billing Formula: Minutes of Service: 20 + Documentation Time: 6 + Travel Time: \*          = Total Billable Minutes: 26

\* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

**Service Provided:** Targeted Case Management

**Location of Service** Phone

Unified Service Plan objective client is working on: Decrease symptoms of depression as indicated by reduction in cutting behaviors from 1 to zero times per month; decrease in isolative behaviors as evidenced by getting out of the house and going to a social setting once per day.

**Narrative:**

**Client's Current Functioning/Progress:** Client has been losing weight, feels fatigued, and has been experiencing an increase in depressive symptoms following a change in her thyroid medication. Client has not been able to contact her primary care physician, and asked me to call him on her behalf.

**Current Intervention:** Called and spoke with client's doctor regarding client's increase in depressive symptoms. Client's doctor stated that he recently changed her medication, and requested that the client go to the lab for a blood test today. I called client and told her to go to the lab today.

**Client's Response:** Client stated that she would go to the lab today as requested.

**Follow-up and/or Referrals Made:** Will follow up with client next week to discuss depressive symptoms.

\_\_\_\_\_  
Signature (include licensure or job title)

Daffy Duck, MFT

\_\_\_\_\_  
Print Name

5/27/2008  
Date Completed

Client Name: Madonna

AVATAR Number: 123 456

Placer County Systems of Care  
**Systems of Care Progress Note**

**Date of Service:** 10/24/2007

**Billing Formula:** Minutes of Service: 25 + Documentation Time: 7 + Travel Time:\* 40 = **Total Billable Minutes:** 72

\* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

**Service Provided:** Plan Development

**Location of Service** Home

**Unified Service Plan objective client is working on:** Reduce instances of acting out behaviors/increase use of positive coping skills as evidenced by reducing school suspensions from 3 to once a month/reduce instigating fight with siblings at home from daily to once a week by report from mother.

**Narrative:**

**Client's Current Functioning/Progress:** Client continues to have difficulty with his peer interactions at school. Client was suspended one day this week for threatening a classmate. Mother reports that client has remained medication compliant this week.

**Current Intervention:** Family Team Meeting at client's home to address client's progress on Unified Service Plan Goals, and to make modifications as necessary. I spoke about my role as client's in-home behavior specialist, and client's progress toward treatment goals this week. Reviewed client's triggers. The team decided to keep client goal of reducing this behavior to once a week.

**Client's Response:** Client was receptive to keeping his current goal, and stated that the role-modeling exercises are helpful to him.

**Follow-up and/or Referrals Made:** Will continue to meet with client 3 times per week in the home to work on treatment goals, and will schedule another Family Team Meeting next week.

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*Signature (include licensure or job title)*

Daffy Duck, MFT

*Print Name*

7/24/2009

*Date Completed*

**Client Name:** Sam, Yosemite

**AVATAR Number:** 987 654